



CHECKLIST FOR UNLICENSED REGISTERED CHILD CARE MINISTRIES SANITATION SURVEY

State Form 49441 (R5 / 9-07) / BCC 0032

BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES
FAMILY AND SOCIAL SERVICES ADMINISTRATION

Name of ministry		Registration number	
Location of facility (number and street, city, state and ZIP code)			
Mailing address (number and street or PO Box, city, state and ZIP code)			
Type of structure: <input type="checkbox"/> Church <input type="checkbox"/> School <input type="checkbox"/> Residential <input type="checkbox"/> Storefront <input type="checkbox"/> Other		Telephone number ()	
Vending source	Food preparation <input type="checkbox"/> Cooks <input type="checkbox"/> Vends <input type="checkbox"/> Lunches from home <input type="checkbox"/> Sack lunch and cook <input type="checkbox"/> Sack lunch and vend		
Date of current survey (month, day, year)	Time of current survey Start <input type="checkbox"/> AM <input type="checkbox"/> PM End <input type="checkbox"/> AM <input type="checkbox"/> PM		
Name of consultant		Name of Director	
Purpose of current survey Annual renewal _____ Proposed _____ Complaint _____ Follow-up _____ Team Technical Assistance _____		Days open (check all that apply) <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday Hours open: From: To: Public water Private water IDEM number Water sample (date)	
Water sample: Bacteria <input type="checkbox"/> Positive <input type="checkbox"/> Negative		Public sewage Private sewage Private sewage approved by SDH? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I - CHILD CARE MINISTRY					
1. IAC 3-4.5 REGISTRATION:	YES	NO	N/A	REPEAT	
a. REGISTRATION - Process <u>complete</u> and <u>current</u> [3-4.5-2(a)]					*
b. CHILD CARE ROOMS - <u>Surveyed</u> and approved prior to use (12-17.2-6-4)					1
c. NOTICE OF INSPECTION / REGISTRATION posted in a conspicuous place (12-17.2-6-6)					1
d. Advertizing as a child care ministry					1
TOTAL					

2. FIRE AND BUILDING SAFETY DIVISION APPROVAL	YES	NO	N/A	REPEAT	
a. Approval by Fire and Building Safety Division (12-17.2-6-6)					*
TOTAL					

3. FACILITY	YES	NO	N/A	REPEAT	
a. PREMISES <u>clean</u> / <u>sanitary</u> / <u>safe</u> / <u>good repair</u> (3-4.5-4)					2-10
b. EQUIPMENT, INTERIOR SURFACES, MATERIALS, FURNISHINGS, OBJECTS <u>clean</u> / <u>sturdy</u> / <u>nontoxic</u> / <u>sanitary</u> / <u>safe</u> (3-4.5-4)					2-10
c. INDIVIDUAL BELONGINGS, CLOTHING, BLANKETS kept separate / apart [3-4.5-6(c)]					1
d. COTS / CRIBS: 1. Available and adequatly used for each child / sturdy / cleanable construction [3-4.5-6(a)]					1
2. Properly sanitized [3-4.5-6(a)]					1

3. FACILITY (continued)	YES	NO	N/A	REPEAT	
e. FOUNTAIN / DRINKING WATER sanitarly dispensed / not in restroom (3-4.5-4)					2-5
f. SCREENS (<i>securely fastened 16 mesh</i>) on all windows / outer openings used for ventilation (3-4.5-4)					1
g. PETS approved, properly immunized, housed, free from disease [3-4.5-4(l)]					2
h. BUILDING in safe condition (3-4.5-4)					*
TOTAL					

4. DIAPERING	YES	NO	N/A	REPEAT	
a. CORRECT HANDWASHING by staff [3-4.5-6(d)]					*
b. DIAPERING TABLE / PAD sanitized daily / when soiled if using waterproof paper [3-4.5-6(d)]					1
1. PAPER (<i>if used for diapering pad</i>) is fresh, waterproof, disposable and covers the pad <u>OR</u> [3-4.5-6(d)]					1
2. DIAPERING PAD sanitized after <u>each</u> use and DIAPERING TABLE sanitized daily / when soiled [3-4.5-6(d)]					2
c. DIAPERING TABLE AREA not used for other purposes[3-4.5-6(d)]					2-5
d. DIAPERING PROCESS on table / crib in clean / sanitary manner / correct sanitizing solution [3-4.5-6(d)]					2-5
e. Tightly covered, easily sanitized container for soiled diapers and skin care materials [3-4.5-6(d)]					2
TOTAL					

5. BATHROOMS	YES	NO	N/A	REPEAT	
a. HANDWASHING by adults correct (<i>after toilet, between child care duties</i>) [3-4.5-6(b)]					*
b. HANDWASHING by children correct (<i>after toilet, before eating</i>) [3-4.5-6(b)]					2-5
c. BATHROOMS with flush toilets / handwashing sinks (3-4.5-4)					2-5
d. WATER sufficient / under pressure at each handwashing sink (3-4.5-4)					2
e. VENTILATED bathrooms to the outside by fan / screened window (3-4.5-4)					1
f. DISPOSABLE TOWELS, SOAP, AND TOILET PAPER provided / dispensed in a sanitary manner (3-4.5-4)					2-5
g. BATHROOMS clean / sanitizable (3-4.5-4)					2-5
TOTAL					

6. 470 IAC 3-4.5-3 WATER SUPPLY, PLUMBING, SEWAGE DISPOSAL	YES	NO	N/A	REPEAT	
a. WATER SUPPLY constructed / operated in accordance to 410 IAC 6-5.1-8 excluding 410 IAC 6-5.1-8(f) <input type="checkbox"/> PUBLIC SYSTEM <input type="checkbox"/> PRIVATE SYSTEM [3-4.5-3(a)]					*
b. SEWAGE / WASTEWATER DISPOSAL adequate / sanitary / meets requirements at time of survey: <input type="checkbox"/> PUBLIC SYSTEM <input type="checkbox"/> PRIVATE SYSTEM [3-4.5-3(b)]					
1. EXTERIOR					
2. INTERIOR					

6. 470 IAC 3-4.5-3 WATER SUPPLY, PLUMBING, SEWAGE DISPOSAL (<i>continued</i>)	YES	NO	N/A	REPEAT	
c. PLUMBING properly installed / maintained / meets FPBSC and SBH requirements [3-4.5-3(b)]					2-5
d. CRACKS around pipes, plumbing and ducts properly sealed (3-4.5-4)					1
TOTAL					

7. 410 IAC 7-24 FOOD SAFETY / SERVICE	YES	NO	N/A	REPEAT	
DISHWASHING practice (<i>check one</i>) <input type="checkbox"/> 1. Hand dishwashing / sanitized in commercial sanitizer <input type="checkbox"/> Chemical <input type="checkbox"/> Hot water <input type="checkbox"/> 2. Commercial dishwasher / sanitizer <input type="checkbox"/> Chemical <input type="checkbox"/> Hot water <input type="checkbox"/> 3. Manual dishwashing in three-compartment sink <input type="checkbox"/> Chemical <input type="checkbox"/> Hot water <input type="checkbox"/> 4. Use all single service ware / children bring lunches / vend / cook <input type="checkbox"/> 5. Not approved / used for dishwashing					
a. Manual dishwashing procedure posted					1
b. CORRECT HANDWASHING by food handlers					*
c. COPY OF SBH RULE 410 IAC 7-24 in kitchen and adhered to					1-10
d. WASH / RINSE / SANITIZING procedure proper					*
e. DRAINBOARD / MOVABLE DISH TABLE PROVIDED (<i>for three-compartment sink</i>)					1
f. UTENSILS / EQUIPMENT air-dried correctly					1
g. CLEAN / SANITIZED UTENSILS AND DISHWARE properly handled / stored					1
h. EATING SURFACES (<i>tables / highchairs</i>) sanitizable; sanitized before and after each use					2
i. FOOD PREPARATION SURFACES sanitized before and after use					2
j. FOOD free from spoilage / damage / filth / contamination					2-10
k. FOOD covered when stored or while being transported					1
l. FOOD in original, unopened, undamaged packaging					1
m. FOOD, UTENSILS, EQUIPMENT AND SINGLE-SERVICE ARTICLES stored on nonabsorbent material at least six inches above floor in dry location, away from hazardous materials					1
n. KITCHEN / FOOD PREP / FOOD STORAGE lights properly shielded					2
o. TRASH / REFUSE stored correctly (<i>tight fitting, solid lids in water tight containers; sanitary condition; covered when not in use</i>)					2
p. RODENT / INSECT control					1-5
q. Properly sealed around pipes, plumbing and ducts, cracks and holes					2
r. POTENTIALLY HAZARDOUS FOOD held at proper temperatures during handling or storage; <u>hot holding at 135°F or above; cold holding at 41°F or below</u>					*
s. FREEZER: Thermometer present / accurate / good monitoring position / food frozen					2
t. STORAGE of food / supplies correct (<i>labeled and dated</i>)					2-5
u. METAL-STEM DIAP-TYPE THERMOMETER (0°F to 220°F) available / used					1
v. SINGLE-SERVICE articles are not reused					2

7. 410 IAC 7-24 FOOD SAFETY / SERVICE (continued)	YES	NO	N/A	REPEAT	
w. Once served, leftover food discarded					2
x. FOOD HANDLERS wear clean APRON / SMOCK; effective HAIR RESTRAINT					1
y. BULK FOOD CONTAINERS clean and labeled					1
z. CHEMICAL SANITIZER TEST KIT provided and used; solution correct					2
aa. REFRIGERATED MEDICATIONS stored correctly					2
bb. Proper illumination of footcandles in each area					1-2
cc. KITCHEN CLEANING SCHEDULE posted and used					1
dd. KITCHEN EQUIPMENT properly sealed / handled / stored					1
ee. DISHES, POTS, PANS AND UTENSILS stored in a manner that protects them from contamination					1
ff. HANDWASHING SINK in kitchen or close proximity / equipped with soap and disposable towels					2
gg. KITCHEN WALLS AND CEILINGS smooth / easily cleanable					1
hh. STOVE provided if meals prepared; conveniently located / in good condition / clean / safe					2
ii. REFRIGERATOR: THERMOMETER PRESENT, 41°F or less and in position for daily monitoring					1
jj. ALL FOOD from <u>approved</u> source / <u>not homemade</u>					2-5
kk. KITCHEN / FOOD PREPARATION AREA(S) not a throughway; separate from other areas					1
ll. KITCHEN / FOOD PREPARATION AREA(S) not used for office, children's activities, naps, dining or recreational area for adults / children					1
mm. KITCHEN / FOOD PREPARATION AREA(S) clean, sanitary condition					1-20
TOTAL					

8. VENDING	YES	NO	N/A	REPEAT	
a. VENDING: Food temperatures verified upon arrival and recorded [3-4.5-5(b)]					*
b. VENDING: Transport containers insulated / washable / maintains food temperatures [3-4.5-5(b)]					*
c. Time as a public health control; written procedures on site					*
d. Time as a public health control; food properly labeled					*
e. Time as a public health control; food served or discarded properly					*
TOTAL					

9. ILL CHILDREN	YES	NO	N/A	REPEAT	
a. ILL CHILDREN kept from others [3-4.5-6(c)]					1-5
b. SURFACES / ITEMS in contact with ILL CHILDREN cleaned / sanitized after each use [3-4.5-6(c)]					1-5
TOTAL					

10. RECORDS	YES	NO	N/A	REPEAT	
a. Complete immunization records for each child (IC 12-17.2-6-11)					1-2
b. Signed parent's notices for each child (IC 12-17.2-6-7)					1-2
c. Criminal History Police checks for each staff member / volunteer without convictions (IC 12-17.2-6-14)					*
d. Universal Precautions training current / complete documentation (410 IAC 1-4)					2
e. UNIVERSAL PRECAUTIONS SUPPLIES available and used (410 IAC 1-4) (Minimum of latex gloves, paper towels, approved disinfectant masks, etc. recommended)					2
f. Child abuse / neglect checked without substantiation, on all staff / volunteer					*
TOTAL					

11. PLAYGROUNDS	YES	NO	N/A	REPEAT	
a. PLAYGROUND: free from hazards (3-4.5-4)					2-5
b. PLAYGROUND AND EQUIPMENT: well-drained (insect control) (3-4.5-4)					2-5
c. SWIMMING POOL: When filed has current permit from health department, verification of weekly water sample from approved lab (410 IAC 6-2)					2
d. WADING POOL: meets 410 IAC 6-2 (has filtered circulated water) (410 IAC 6-2)					2
e. WATER TABLE: used / sanitized correctly [3-4.5-4(l)]					2
TOTAL					

II - INFANT / TODDLER					
1. ROOM OBSERVATION	YES	NO	N/A	REPEAT	
a. CRIBS / COTS available for each child [3-4.5-6(a)]					1
b. LINENS / COVERINGS clean [3-4.5-6(a)]					1
c. CRIBS / MATTRESS sizes correct / good repair / sturdy / cleanable materials [3-4.5-6(a)]					2
d. Staff practicing recommended safe sleep procedures					*
TOTAL					

2. BOTTLES / FOOD SAFETY	YES	NO	N/A	REPEAT	
a. BOTTLES, NIPPLES, ETC. which are supplied by facility are washed / sterilized / stored correctly (bottles boiled one minute, other items one minute) [3-4.5-5(e)]					*
b. CAPS, NIPPLES, BOTTLES AND OTHER DRINKING ITEMS stored separately, covered and labeled [3-4.5-5(e)]					1-2
c. OPENED JARS of baby food / filled feeding bottles / opened formula are refrigerated at 41 °F or colder [3-4.5-5(b)]					2-5
d. OPENED BABY FOOD / FORMULA / FORMULA FILLED FEEDING BOTTLES used within 24 hours after opening according to manufacturing directives [3-4.5-5(b)]					2-5
e. INFANT BOTTLE CONTENTS discarded after feeding [3-4.5-5(b)]					2
f. FEEDING from baby food jar correct [3-4.5-5(b)]					1
g. BABY FOOD / FORMULA DATES acceptable / not expired [3-4.5-5(b)]					2-5
TOTAL					

Room Name	Infant	Toddler	Two	Three	Four	Five	Six and Older	Children Present	Staff Present
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